Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Patel for Assembly 2024 | | | Date of This Filing05/02/2023 | Date Stamp | CALIFORNIA 497 | | |
|---|-------------------------------------|-------------------|---------------------------------|-------------|-----------------------|--|--|
| AREA CODE/PHONE NUMBER (916)348-9100 | I.D. NUMBER (if applicable) 1457655 | | Report No | | For Official Use Only | | |
| STREET ADDRESS | | | Amendment to Report No. | Page 1 of 2 | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95841 | (explain below) No. of Pages 2 | | | | |
| Lata Cantalbatian(a) Baa | | | | | | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|---|---|---|--------------------|
| 05/01/2023 | Fund Her PAC Sacramento, CA 95814 | ☐ IND ■ COM □ OTH □ PTY □ SCC | | \$5,500.00 |
| 05/01/2023 | Women's Political Committee State Los Angeles, CA 90017 ID# 770995 | ☐ IND ■ COM □ OTH □ PTY □ SCC | | \$5,000.00 |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | |

| *Contributor Codes | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) OTH - Other | SCC - Small Contributor Committee |

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Patel for Assembly 2 AREA CODE/PHONE (916)348-9100 STREET ADDRESS CITY Sacramento | NUMBER | I.D. NUMBER (if applicable 1457655 | ZIP CODE 95841 | Date of This Filing Report No Amendment to Report No (explain below) No. of Pages | 05/02/2023 05022023-1 | | Page 2 of 2 | FORM 49 For Official Use Only | 7 |
|--|--------|---|-------------------|--|--|---|---------------------------|-------------------------------------|---|
| | | LING ADDRESS AND ZIP CODE OF RECIPIENT COMMITTEE, ALSO ENTER I.D. NUMBER) | | CANDID MEASURE | PATE AND OFFICE OR E AND JURISDICTIO | N | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) | |
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Reason for Amendment:

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